

SMAS

Participants

You Apr 30 at 6:12 AM

Hello,

I hope all is well! I'd like to formally request a referral to a cardiologist as part of my ongoing care for SMAS (Superior Mesenteric Artery Syndrome). Given that SMAS involves vascular compression and can sometimes have cardiovascular implications—such as fluctuating heart rate, blood pressure issues, or circulatory strain from nutritional depletion—I believe a cardiology evaluation would be helpful for a more comprehensive understanding of how this condition is affecting my overall system.

I'm happy to discuss any specifics you may need to include in the referral. Thank you for your continued support.

Sincerely,

L.C.

Dear Lei Le Christenson,

Thank you for your MyChart message. After review of your message we have determined that your question(s) would be addressed more thoroughly through a telephone discussion with our staff.

We have attempted to contact you by phone

Please call the office directly at 608-274-1100 if your symptoms worsen or new symptoms arise before speaking with a nurse or if you do not receive a call.

As a reminder, MyChart should not be used for urgent situations. If this is a life or limb threatening concern, please call 911.

Thank you,

Submitted by: Theresa Fox, RN - 4/30/2025 - 1:29 PM

You Apr 30 at 2:27 PM

Hello,

Thank you for your response. I understand your preference for a phone discussion, but I am explicitly requesting that all communication regarding this matter be handled through MyChart for documentation and accessibility purposes.

My request was clear: I am asking for a referral to a cardiologist due to the vascular and potential cardiovascular implications of SMAS. This is a medically reasonable request based on my history and current symptoms, and I would appreciate it being handled as such.

Please escalate this to the appropriate provider if necessary, but I am again requesting that the referral be processed or a written explanation be provided through MyChart as to why it cannot be approved. I should not need to go through unnecessary hoops to access specialist care that is clinically indicated.

Thank you,
Lei Le Christenson

Hello,

Thank you for forwarding my messages to the provider. However, I just received a voicemail implying that I've "missed a lot of appointments," and that this may impact whether my care requests are addressed. I want to be very clear:

Not attending a routine check-up does not mean my SMAS has gone away—nor does it justify delaying my care. I've continued to receive ongoing monitoring through the ER and hospital visits at least once per month, where my vitals, weight, and labs are regularly taken. Your office has full access to those records.

This message marks the third formal time I've requested action on:

- A cardiology referral related to vascular and circulatory symptoms stemming from SMAS
- A note of medical necessity for my Ensure Plus prescription so insurance can cover it
- A pattern of delayed documentation, including WIC forms, which has already disrupted my access to nutritional support

1 attachment

 IMG_0624.png

These are not optional services. These delays have directly impacted my health and quality of life, and I have exhausted my patience trying to get your team to follow through on basic patient support.

Let me be clear: this is your last opportunity to resolve this before I file formal complaints. If I do not receive a written response confirming that:

1. The Ensure prescription necessity has been submitted to insurance
2. The cardiology referral is being approved or officially denied with explanation
3. Any missing documentation is being addressed immediately

—then I will move forward with:

- A formal grievance through UW Health Patient Relations
- A complaint through my insurance case manager for delay of care
- Consideration of provider reassignment

I am documenting everything. Please provide written confirmation in MyChart, not by phone. I expect a response that addresses each of the points above.

Thank you,
Lei-Le Christenson

Registered Nurse Amy C May 6 at 8:10 AM

Good morning Lei,

We apologize for the delay. Your requests would be best addressed in an office visit with Dr. Dubal, as he has not yet had the opportunity to meet you. This office visit will include a discussion of the SMAS and your requested referrals.

I will provide scheduling guidance to our scheduling team. Please call the clinic directly at your soonest convenience 608-274-1100 and the scheduling team will assist in getting this visit scheduled.

Regards,

Amy, RN

Dear Dr. [Doctor's Last Name],

I'm writing to request a new prescription for Tizanidine 4 mg tablets to help manage my spinal arthritis. I have been prescribed this medication in the past by multiple providers, and it has consistently helped relieve my muscle spasms and discomfort related to the condition.

It's been a few years since my last prescription, and as my new primary care provider, I would appreciate your assistance in continuing this treatment.

Please let me know if you need any prior records or additional information.

Thank you so much for your support.

Sincerely,
Lei-Le Christenson

You May 6 at 9:18 AM

Hi Amy,

Thank you for your response.

I understand that Dr. Dubal would prefer to address these matters in person since we haven't yet met. I will call the clinic shortly to schedule an appointment. However, I want to ensure that this message documents my current needs, which include:

- A continuation of my Tizanidine 4 mg prescription for spinal arthritis (previously prescribed for years and needed ongoing)
- Review and follow-up for SMAS (Superior Mesenteric Artery Syndrome)
- Referrals for ongoing specialty care related to both conditions

Please confirm that these issues will be prioritized during my upcoming visit. I appreciate your help and look forward to resolving these matters with Dr. Dubal.

Best,
Lei-Le Christenson

I'm following up to clarify that I'm open to scheduling an appointment, but I want to be absolutely clear: all of the information I've shared can also be communicated effectively through MyChart, as I've done thoroughly and respectfully in multiple messages.

What specifically is "too complex" or "confusing" that it requires an in-person visit when:

- My weight, vitals, and labs were just taken in the ER a few days ago (records available in Epic).
- I've already explained the medical need for the Tizanidine 4 mg prescription and referrals related to my SMAS care.
- I've requested accessible, documented communication—not avoidance.

If this is about policy, please state that plainly. Otherwise, I respectfully request:

1. A written response confirming the referral(s) and prescription are being processed
2. Any additional questions or requirements you need from me to move forward

I expect care, not circular redirection. Please advise appropriately.

Thank you,
Lei-Le Christenson

Registered Nurse Amy C May 6 at 9:36 AM

Hello Lei,

I can confirm that the information you've shared and has been seen and reviewed by Dr. Dubal and he is planning to address them at your upcoming visit. Once your visit is confirmed, we will be sure the visit notes include the specific reason for the visit. Your care and well-being are our top priorities. Thank you for your understanding.

Regards,

Amy, RN

Hello,

Thank you for confirming that my concerns have been reviewed. I will go ahead and make the appointment as advised. However, I am formally notifying you that I am also proceeding with a complaint through UW Health Patient Relations due to the repeated delays, accessibility violations, and failure to address basic medical needs.

The following legal and procedural rights have been disregarded:

Violations:

1. Failure to accommodate disability-related communication needs
 - Protected under Section 504 of the Rehabilitation Act
 - Violates ADA Title II & III and Section 1557 of the ACA, which require all healthcare programs to provide accessible communication methods and avoid discriminatory practices
2. Failure to provide timely access to medically necessary care
 - State licensure violations under the Wisconsin Department of Safety and Professional Services
 - Delaying prescriptions, referrals, and nutritional support despite documented medical history and active ER records

3. Negligent disruption of care coordination

- Unreasonable withholding of a cardiology referral and Ensure Plus documentation
- Ignoring prior specialist documentation and ER visits that prove continuity of care

I will be filing formal complaints with:

- UW Health Patient Relations (internal grievance)
- Wisconsin Department of Safety and Professional Services (DSPS) – for provider negligence
- Wisconsin Department of Health Services, Division of Quality Assurance – for systemic care delays
- U.S. Department of Health & Human Services, Office for Civil Rights (OCR) – for ADA and accessibility violations
- My insurance case manager – for impact on prescription and nutrition coverage

You May 6 at 9:42 AM

This message serves as your final opportunity to resolve this matter at the clinic level. If I do not receive written confirmation through MyChart that:

- My Tizanidine 4 mg prescription is being processed
- The cardiology referral is approved or denied with explanation
- The Ensure Plus medical necessity documentation is submitted to insurance

—I will move forward with escalation, including a federal lawsuit, as I have already initiated in a separate matter involving Meriter Hospital.

I expect your team to act with the seriousness this situation warrants. All future communication must remain through MyChart to ensure legal documentation of every exchange.

Thank you,
Lei-Le Christenson

This message is for documentation purposes only. I've officially filed formal complaints with OCR, DSPS, GAO (Government Accountability Office), and DHS due to the failures detailed in previous messages. If you wish to resolve this matter internally, you may respond in writing. Otherwise, I will continue to follow the external review process.

You May 8 at 10:19 AM

To whom it may concern,

This message is in response to the voicemail I received on May 8, 2025, regarding the cancellation of my upcoming appointment. I was previously told that my primary care provider (PCP) wanted to meet with me directly. Now, without proper notice, I'm being told that the provider is on leave and I need to see someone else.

The voicemail stated that I would need to look at a different provider—this is unacceptable, especially after I've been waiting for this appointment and have active medical needs that were supposed to be addressed.

Furthermore, I have clearly and repeatedly stated that I want all non-urgent communications to go through MyChart only. Stop calling me unless it is a medical emergency.

I am formally requesting reassignment to a new PCP immediately. This incident will be documented and added to the following:


- My formal patient advocate complaint
- My GAO report for healthcare system accountability; other Government Agencies
- My federal lawsuit concerning medical negligence and patient rights violations

Please confirm that this request has been honored and that a new provider has been assigned. Do not attempt to reschedule this appointment with another temporary provider. Update my chart to reflect this communication.

Sincerely,
Lei-Le Christenson

Attachment of voicemail

1 attachment

 IMG_0968.png

Registered Nurse Courtney G May 8 at 11:35 AM

Lei,

I understand that you are requesting reassignment to a new provider. Please reach out to our Welcome Center to switch your PCP at 608-821-4819. Our Welcome Center team will be able to evaluate which providers within UW Health have availability on their panels, and can pair you with a provider based on any preferences you may have.

Take care,
Courtney, RN Supervisor

You May 8 at 12:14 PM

Courtney,

Thank you for your response. However, I want it clearly noted in my chart that my complaint was not just about switching providers—it was about the inconsistent communication, the last-minute voicemail suggesting I see someone else, and the repeated disregard for my request to use MyChart as the only contact method.

I attached the voicemail to document this pattern. It's not my job to chase around departments to correct these issues. UW Health needs to take internal accountability and formally document this incident as part of my care record and pending complaint filings.

Please confirm that this message, and the voicemail documentation, have been added to my official chart history.

Respectfully,
Lei-Le Christenson

I'm currently under care with CleanSlate for my recovery, but their Madison location has gone telemedicine-only. They now require me to go across the city to LabCorp for a urine screen, which is difficult with a baby and transportation issues.

Would you be able to order a urine drug screen (including my prescribed medications) through your clinic or your lab so I can stay in compliance? I can provide you the letter from my other clinic and sign a release if needed.

Thanks so much for helping me stay on track while managing my responsibilities.

Registered Nurse Courtney G May 9 at 10:24 AM

Hi Lei,

I can confirm that all MyChart communication between yourself and our clinic is a part of your official medical record.

Given your request to be reassigned to a new provider immediately, we have mutually terminated your care with Dr. Dubal. We will officially be ending your services with us and ask that you formally reach out to our Welcome Center to switch to a new PCP by calling 608-821-4819. If you would like to discuss this further I ask that you reach out to our Patient Relations Team as they will be following up with you as well.

Take care,
Courtney, RN Supervisor

Hi Courtney,

Thank you for your message. However, I must formally express concern about the clinic's decision to terminate care without first ensuring a new primary care provider (PCP) is in place.

As a patient managing chronic conditions and medication compliance (including Suboxone treatment under CleanSlate), continuity of care is not just important — it is legally and ethically required under Wisconsin medical standards. Abruptly ending services without an established successor provider, especially when you acknowledge I've requested reassignment, puts my care at risk.

Please confirm in writing:

1. That I will remain under care until a new PCP is officially assigned and available.
2. That no gaps in medical care or documentation (e.g., required urine testing) will result from this transition.

If this is not addressed immediately, I will be adding the matter to your legal compliance department and state licensing board, as well as submitting it to the GAO and related federal oversight already reviewing my case.

Respectfully,
Lei-Le Christenson

Dear UW-Odana Team,

This is to formally document my call earlier today regarding a required drug screening for treatment compliance. I had previously messaged your team via MyChart, and shortly after, I received a voicemail from your office directing me to call and schedule the test. When I returned the call, I was informed that I no longer have a primary care provider (PCP) assigned to me.

This raises serious legal and medical concerns, especially as I am under active treatment with another clinic that requires lab results from a PCP. Terminating care while instructing me to schedule tests contradicts your legal obligations and exposes me to harm. For clarity, I am formally documenting that:

- I was instructed to schedule a drug test for treatment compliance
- I was then told I no longer have a PCP
- This constitutes medical abandonment, a violation of:
 - Wisconsin Admin Code Med 10.03(2)(f)
 - Americans with Disabilities Act (Titles II & III)
 - HIPAA care coordination standards
 - Common law abandonment torts
- I have disabilities that require email/MyChart communication only—a legal accommodation under the ADA
- I have already filed complaints with the Wisconsin Medical Board, GAO, OCR (ADA Division), and HHS Office of Inspector General

You May 9 at 11:15 AM

I request the following be confirmed in writing:

1. Am I still under your clinic's care?
2. If not, when and why was I terminated, and why was this not clearly communicated?
3. Who is responsible for reassigning or coordinating a new PCP?
4. Please escalate this to management immediately, and have them respond in writing through MyChart.

This situation is now part of a legal record and pending filings. I ask that you treat this matter with the urgency and seriousness it requires.

Sincerely,
Lei-Le Christenson

Furthermore, Nurse Courtney G. is being held personally accountable. Her actions and failures in handling this transition—including vague responses, refusal to coordinate proper follow-up, and failure to ensure continuity—have directly contributed to this legal violation. She will be named as a responsible party in the federal lawsuit already in process, as well as the open complaints with:

- The Wisconsin Medical Examining Board
- The Government Accountability Office (GAO)
- The Office for Civil Rights (OCR – ADA Division)
- The HHS Office of Inspector General

You May 9 at 11:17 AM

You may not retaliate or restrict my care due to this report. Let me be clear: this is not a game. What you've done is not only unethical — it's unlawful. If you believe your license or position places you above accountability, let this serve as your warning: it doesn't.

Medical abandonment, ADA discrimination, and coordinated care failures are being taken seriously by federal agencies now involved. If you continue this behavior, you are putting your license, your employment, and your clinic's legal standing at risk.

You May 9 at 2:27 PM

I have yet to receive the call back the secretary stated I would on the phone. The phone calls have been recorded as well and already transcribed.

Registered Nurse Courtney G May 9 at 2:54 PM

UWHealth

May 09, 2025

Lei Le Christenson
54 S. Gammon Road, Apt G
Madison, WI 53717-1444

Dear Ms. Christenson,

This letter serves as follow up to your MyChart message of May 8, 2025, directed to UW

Health Odana Road Family Medicine Clinic, in which you stated, "I am formally requesting reassignment to a new PCP immediately." We regret that we did not meet your expectations regarding your care.

We believe that a collaborative and trusting relationship is essential for achieving care plan goals. Given the circumstances, we concur that it would be best for you to seek care at a clinic in which you have greater confidence. Also, we agree re-establishing care with this clinic or with Dr. Dubal would not be therapeutically beneficial for you.

To ensure a smooth transition in your care, we will continue to provide medication refills and address any emergent medical needs for 30 days from the date of this letter. It is important that you select a new primary care provider as soon as possible to ensure continuity of care.

We encourage you to contact our Welcome Center at 608-821-4819. Our team can help you identify available providers within UW Health based on your preferences. Please understand that establishing care with a new provider is your responsibility.

We will make your medical records available upon request. You or your new provider may request records by submitting a signed authorization form, available at <https://www.uwhealth.org/medical-records>.

Any questions or concerns regarding this transition of care should be directed to Patient Relations at 608-263-8009 or patientrelations@uwhealth.org. **Please do not send questions or concerns related to your requested transition through MyChart.** MyChart is intended for brief, non-urgent medical questions and is not appropriate for lengthy, time-sensitive, or non-medical concerns. Any non-medical questions or concerns submitted through MyChart regarding this matter will not be responded to.

At this time, we would like to remind you of our expectations for future MyChart communication:

- We ask that you treat all staff members with respect, including communication through MyChart and on the phone. This means refraining from any demanding behavior directed at any staff member or physician at any UW Health Clinics.
- We will no longer respond to inappropriate MyChart requests.
- If you continue to use MyChart in an inappropriate manner, we will have no choice but to re-evaluate your continued access, which may include limiting your access or permanently dismissing you from its use.
- MyChart is a privilege and should not be used to air grievances or make inappropriate comments.
- All MyChart messages are considered a permanent part of your medical record.

It is our hope that these expectations are clear and helpful in preventing any future difficulties. We regret that we did not meet your expectations and that you requested to transfer your care.

If you have any additional questions or concerns, please contact the Patient Relations Department at (608) 263-8009.

UWH Health Administration

You May 9 at 3:01 PM

Dear UW Health Administration,

This letter is in direct response to the message sent via MyChart on May 9, 2025, and serves to formally address serious concerns about both access to medical services under ADA protections and unsubstantiated behavioral allegations levied against me in that message.

1. MyChart is an ADA-Required Accommodation

As a disabled patient with complex care needs, I rely on MyChart messaging not only for convenience, but as a reasonable communication accommodation protected under the Americans with Disabilities Act (ADA). Limiting or revoking that access because I advocate for my own care, cite medical statutes, or formally request provider changes—without any documentation of misconduct—would constitute disability-based discrimination and retaliation.

To be clear: my communications via MyChart have been factual, professional, and within my rights as a patient. I have not engaged in profanity, harassment, threats, or emotional misconduct. If you are asserting otherwise, you are legally obligated to cite:

- The specific messages or phrases you believe violated policy
- The exact UW Health policies or code of conduct allegedly breached
- The date(s) of the alleged misconduct
- The name(s) of any staff who claimed to feel disrespected or endangered

Generalized warnings are insufficient and may be interpreted as an attempt to intimidate a disabled patient into silence.

2. Threats of Portal Termination Violate Patient Rights

Threatening to revoke MyChart privileges for raising legitimate grievances, asserting care rights, or citing law creates a hostile healthcare environment and raises red flags for possible retaliation. If your intent is to create barriers for patients who request records, provider changes, or compliance with federal care standards, that must be explicitly addressed and corrected.

You are now required to:

- Confirm that MyChart access will not be limited as long as I abide by UW's official terms of use
- Provide a full report of all MyChart messages you reviewed and allegedly found inappropriate
- Acknowledge that as a patient with disabilities, I am entitled to communication tools that support accessible care, including digital documentation of requests, concerns, and care instructions

3. Record Requests and Fax Coordination

You also mentioned in your letter that my records will be available upon request. Please immediately provide the fax number and required authorization form needed for my new provider to request my full chart. You may email or fax the release to:

If I do not receive the above documentation or response within 5 business days, I will be submitting this correspondence, your letter, and a full summary of my disability-related communication needs to the Office for Civil Rights (OCR) under the U.S. Department of Health and Human Services, and pursuing ADA grievance channels accordingly.

Case: 3:25-cv-00441-ida Document #: 2-2 Filed: 05/21/25 Page 18 of 20
I am writing to clarify an essential point regarding my ongoing care. I am not simply requesting reassignment to any new provider—I am requesting continued access to the Odana Road Family Medicine Clinic due to my disability-related transportation and mobility limitations.

This clinic is the closest and most geographically accessible location to my residence. Any reassignment to a more distant facility would impose a disproportionate burden on me as a disabled patient, and therefore denying care at this location would constitute a failure to provide reasonable accommodation under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

I am requesting that:

- I be reassigned to a different provider within the Odana Road Clinic who is uninvolved in prior concerns
- You confirm this location will remain available to me, and that no attempts will be made to transfer me elsewhere unless explicitly requested

Please respond in writing and confirm that my location-based access needs will be honored and not used as justification to deny care or limit services.

Sincerely,
Lei-Le Christenson

Registered Nurse Courtney G May 12 at 8:15 AM

Dear Lei,

MyChart is intended for brief non-urgent medical questions. Additionally, you were advised in April 2024 of MyChart expectations and that you not make demands of your providers through MyChart or over the phone. Because messages continue to fall outside the intended use of MyChart and you continue to make demands of your providers, your MyChart will be moved to read only access.

Please direct concerns related to your care or ADA accommodations to Patient Relations at 608-263-8009.

Sincerely,
UWH Health Administration

To Whom It May Concern,

This message serves as formal notice that your response, threatening to restrict my MyChart access, constitutes a direct violation of my ADA rights and existing disability accommodations. Your actions appear retaliatory in nature, particularly given that my prior messages were asserting reasonable and documented access needs—needs which you are legally obligated to accommodate under both federal and state law.

It is not a “demand” to ask for reasonable care access based on location, disability, or postpartum recovery. Your decision to unilaterally restrict my patient communication portal not only disrupts continuity of care but potentially endangers my health by eliminating my primary method of managing appointments, prescriptions, and correspondence—especially given my mobility limitations and ongoing postpartum condition.

You May 12 at 12:37 PM

Please be advised that I have filed formal reports with the Department of Justice and the Federal Bureau of Investigation citing your administration for ADA noncompliance, medical discrimination, and potential civil rights violations. I will also be submitting a detailed complaint to the Office for Civil Rights (OCR) under the U.S. Department of Health & Human Services.

Additionally, I am preparing to publish public documentation of this mistreatment, including the names and titles of all involved, supported by legal filings, timestamps, and medical records. As someone connected to major media outlets—including family members featured in the New York Times and TED Talks—I have every intention of using my platform to expose this systemic misconduct.

I demand immediate reinstatement of full MyChart access and written assurance that no further retaliatory action will be taken. Failure to respond or correct course will only confirm your department's willful noncompliance and increase your legal liability.

You have 7 business days to issue a formal written response before additional legal and media action is pursued.

Sincerely,
Lei-Le Christenson

We cannot guarantee message response times.

Messages are monitored Monday-Friday 8AM-4PM on non-holidays.

🕒 Physician Milap Dubal, MD: Out of office until 8/15/2025; a member of the care team will be answering your questions. Responses might be delayed. Complex questions might not be answered until I return.

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